

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRonald L. Franklin**16 CV 5549**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York CityBill De BlasioN.Y.C.D.O.C.Joseph PonteMaxsolaine Mingo**COMPLAINT**under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Ronald L. Franklin

ID #

349.15.07692

Current Institution

A.M.K.C.

Address

18.18 Hazen St.East Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

New York City

Shield #

Where Currently Employed

Address

Defendant No. 2 Name N.Y.C.D.O.C. Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name Bill DeBlasio - Mayor Shield # _____
 Where Currently Employed New York City
 Address _____

Defendant No. 4 Name Joseph Ponte - Commissioner Shield # _____
 Where Currently Employed The Bulova Building
 Address 75-20 Astoria Blvd.
East Elmhurst, N.Y. 11370

Defendant No. 5 Name Max Solaine Mingo - Warden Shield # _____
 Where Currently Employed A.M.K.C.
 Address 18.18 Hazen St.
East Elmhurst, N.Y. 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
M.D.C., B.K.D.C., O.B.C.C., A.M.K.C., G.R.U.C.,
V.C.B.C., R.N.D.C., E.M.T.C., & G.M.D.C.
- B. Where in the institution did the events giving rise to your claim(s) occur?
The units I was housed in, at my cell, or
bunk area.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
Various intermittent periods from March 13,
2003 until present date (June 8, 2016.)

D. Facts: The N.Y.C.D.O.C. issues Bob Barker mattresses for the prisoners to sleep on. We are forced to use these mattresses on a foundation, when the manufacturer's label clearly says "This mattress is intended for use without a foundation." The frames used as a foundation are only 5 feet 10 inches long. I am 6 foot 3 inches tall. These mattresses that I am forced to use improperly have resulted in me suffering Degenerative Bone Loss in my spine and excruciating back pain. The bed frames have caused me loss of sensation and neuropathy in my lower ankles and feet.

The N.Y.C.D.O.C. has been made aware of the dangers of using these mattresses in such a manner, and that the bed frames are not long enough, yet have done nothing to correct these problems. This is deliberate indifference in violation of the 8th Amendment to the United States Constitution.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Degenerative Bone Loss to my spine; neuropathy in my ankles and feet; excruciating back pain.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

M.D.C., B.K.D.C., O.B.C.C., B.R.V.C., A.M.K.C.,
E.M.T.C., G.M.D.C., F.V.C.B.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? A.M.K.C.

1. Which claim(s) in this complaint did you grieve? All of them.

2. What was the result, if any? I submitted the enclosed grievance June 1st 2016 by June 28, 2016 there was no response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. None, because grievance never acknowledged nor responded to my complaint by June 28, 2016.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

The damage to my spine is irreparable and I will require continuing medical care for the rest of my life.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

\$ 2,000,000.00 for pain and suffering.
 \$ 5,000,000.00 for future medical supplies/expenses.
 \$ 25,000,000.00 punitive damages for deliberate indifference.
 Replace the mattresses with a more suitable product, and replace the bed frames with bed frames of appropriate length.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On these claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Ronald L. Franklin

Defendants New York City et al.

2. Court (if federal court, name the district; if state court, name the county) Southern District Court in Manhattan

3. Docket or Index number I do not recall

4. Name of Judge assigned to your case I do not recall

5. Approximate date of filing lawsuit May 1, 2012

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition February 2013

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Dismissal for failure to state a constitutional right violation. No it did not appeal.

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28th day of June, 2016

Signature of Plaintiff

Inmate Number

Institution Address

Ronald C. Franklin
349.15.07892
A.M.H.C. (9 mod-B)
18.18 Hezen St.
East Elmhurst, N.Y.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 28th day of June, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Ronald C. Franklin

WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral suds and warm water.

Hard to clean spots: use standard liquid household vinyl cleaners and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or germicides as specified on manufacturer's product label.

Use Disinfectants Only

In Those Dilutions Recommended
By the Manufacturer.

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

N30754GDBL

Prototype ID: PJM25754-1

This mattress meets the requirements of 16 CFR 1633 (federal flammability (open flame) standard for mattress sets) when used without a foundation.

THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION

UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER

ALL NEW MATERIAL
Consisting of

100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

MADE BY
BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526

Patent #6,807,694

MADE IN USA

Sender:
Milton Carlos
Receiver:
Rachy Jackson
193 269 1472
150



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Ronald Franklin	Book & Case #: 349-15-07692	NYSID # (optional): [REDACTED]	
Facility: A.M.K.C.	Housing Area: 9mod-B	Date of Incident: 6/1/16	Date Submitted: 6/1/16

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

From March 10, 2003 until ~~10/5/03~~ September 10, 2003; then 10/5/03 until 4/10/04; then 12/8/05 until 4/1/06; then 9/10/07 until 4/15/08; then 9/14/11 until 5/1/11; then 8/2/11 until 9/15/11; then 12/8/11 until ~~7/2/12~~ 7/2/12; then 8/16/12 until 9/26/12; then 9/30/12 until 10/10/12; then ~~8/13~~ 8/13 until 6/1/13; then 4/4/15 until 5/18/15; then 7/7/15 until present day. I've been forced use a mattress on a foundation that was labeled to be used without one. (resulting in ~~RECURRING~~ back pain.)

Action Requested by Inmate

Replace these mattresses with a more suitable product and pay me for my pain and suffering.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Ronald Franklin

Date of Signature:

6/1/16

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp-Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	